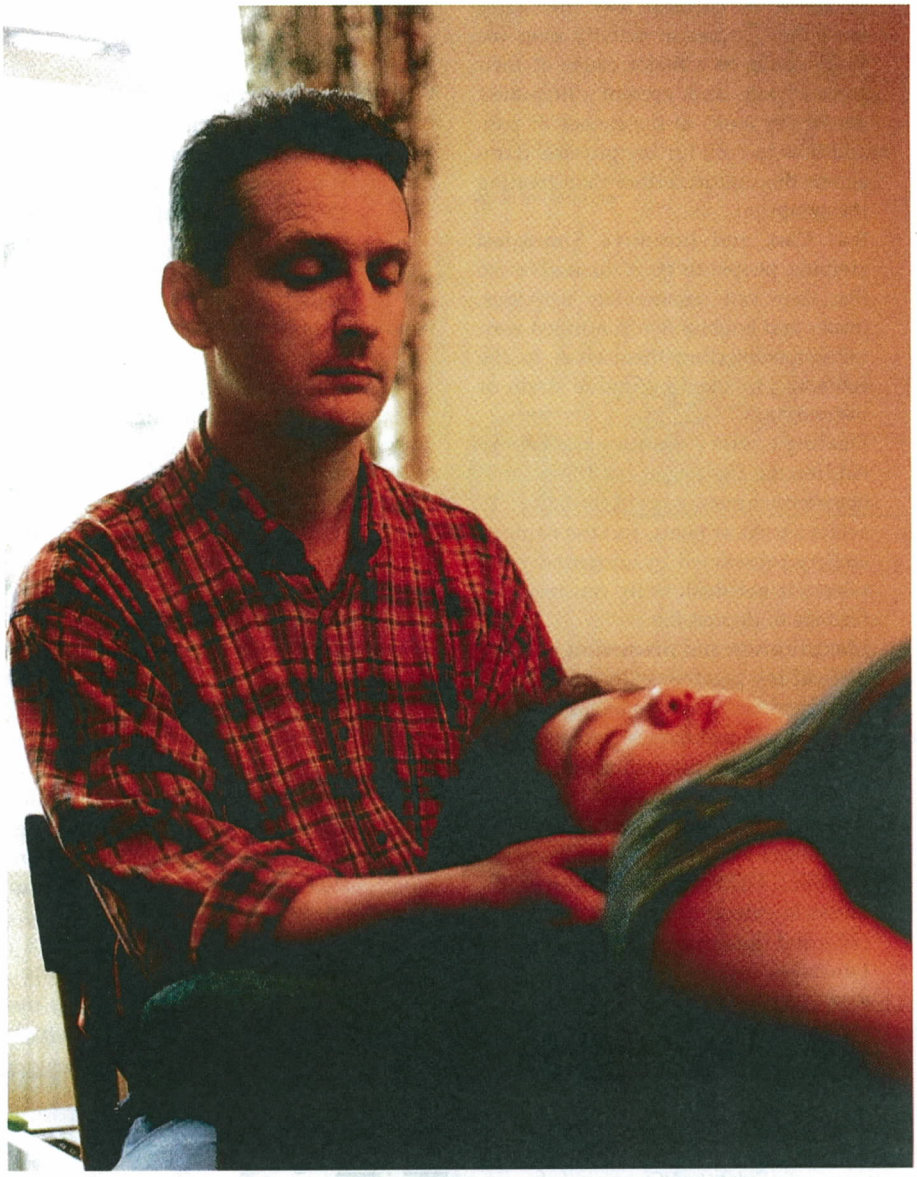
Listening to the Living Process

The Mind/Body Connection in Craniosacral Therapy

by **Matthew Appleton**

A friend of mine began to develop scoliosis as a child and spent her early teens in a brace, as an attempt to prevent it from worsening. Now, in her early thirties, she has a slight, but distinctive, curvature of the spine. When, over the years, she enquired as to why the scoliosis had developed in the first place, the doctors' replies had been a unanimous "these things just happen". This answer is not surprising. It is one that we have all heard at some time or other. What is surprising is that so many people seem content with it.



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By detecting disturbances in the Craniosacral motion the therapist is able to identify areas of restriciton and trauma

The Nature of Disease

Things do not just 'happen' in nature, as if in a vacuum, springing up from nowhere. If an object, such as a rock, were suddenly to materialise out of the blue, before our eyes, we would think it a miracle. Yet the notion that disease and dysfunction just appear in isolation is just as far fetched. It seems strange that the medical profession, which prides itself on being scientific, can, at the same time, be so fanciful. All phenomena occurs in a wider context, resulting from dynamic processes that we may not fully understand, but which function according to their own inherent laws and in their own respective spheres throughout nature. This is equally true in the case of disease processes and structural dysfunctions in the realm of the living. When the doctor says "these things just happen", rather than "we don't know why these things happen" she or he is casting the whole living process, with its millions of years of evolutionary experience, in the role of a clumsy child that has made a mistake. Whatever nature may be, it is not clumsy. It is not prone to accidents.

"One perceives the fundamental essence of life in the living, not in the inanimate, in that which is changing, not what is finished." – Goethe.

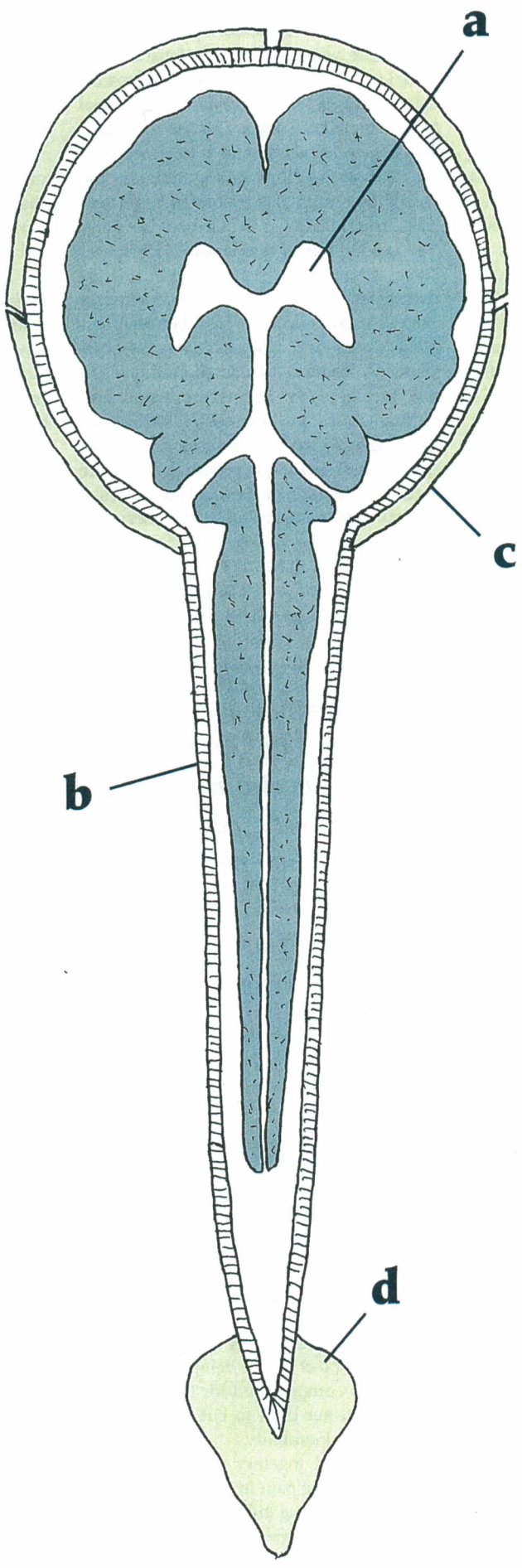
Craniosacral Motion

Craniosacral Therapy has its roots in Osteopathy, but, in the past twenty years or so, has developed into a modality in its own right. The emphasis, in that time, has shifted from correcting structural lesions, to include energetic and emotional dimensions that give Craniosacral Therapy an important role to play in the emerging paradigm of mind/body medicine. Using Craniosacral Therapy we may approach

the problem of aetiology in a different way from conventional medicine. We can approach the living process directly and, respecting its wisdom, ask for the answers we seek.

So, how is this done? The Craniosacral System was discovered around the turn of the century by an American Osteopath called William Garner Sutherland. Studying the sutures of the cranium he could not escape the conclusion that they were designed to accommodate movement. Yet, just as conventional anatomy stated that the sutures of the cranium were immovable, so conventional physiology recognised no movement that would account for the engineering of the sutures in this fashion. Further investigation revealed that underlying the more obvious body rhythms such as respiration, peristalsis and the beating of the heart, lay a more subtle pulsation. This pulsation was expressed primarily by certain structures and processes at the core of our being, which functioned coherently in such a way as to warrant being defined as a system in their own right.

Anatomically the Craniosacral System consists of the central nervous system, cerebrospinal fluid, dural membranes, bones of the cranium and the sacrum. Together they describe a deep rhythmic pulsation, which is taken up by the tissues and fluids of the body as a whole. The Craniosacral System seems to function primarily as an ordering principle within the body, underlying the integrity of all the other systems of the body.



Cerebrospinal Fluid is produced deep within the brain in spaces known as ventricles (a). As these expand and contract, the fluid fluctuates up and down within the dural membranes (b). The bones of the cranium (c) and the sacrum (d) move to accommodate the fluid fluctuation. Any restriction of the cranial bones, sacrum or membranes inhibits this inherent pulsation which lies at the core of our being.

Restrictions, either within the Craniosacral System itself, or elsewhere in the body, disturb the Craniosacral motion (or Cranial Rhythmic Impulse) diminishing our sense of well being and eventually leading to ill health. Sutherland saw the Craniosacral System (or Primary Respiratory Mechanism as he called it) as containing our primary life force, which he called the 'Breath of Life'. The fluctuation of the cerebrospinal fluid within the dural membranes, which surround the brain and spinal cord, takes up the vital energy or potency of the Breath of Life, distributing it throughout the rest of the body. As such, the Craniosacral System represents a bridge between conventional anatomy and physiology and pure energy medicine. We are not normally aware of Craniosacral motion, as it is so subtle, but during treatment, clients sometimes become aware of it for the first time. One lady I was treating inspected the underside of the couch after her treatment to check there was no hidden "wave machine"!

A common misconception is that Craniosacral Therapists work only with the head. In fact, treatment may include working anywhere on the body. By detecting disturbances in the Craniosacral motion the trained therapist is able to build up a holographic image of underlying trauma patterns and facilitate their release. This is all done using a gentle touch, which does not so much manipulate or massage, as stimulate the potency of the system into action by reflecting its patterns of holding,

rather like a counsellor brings awareness to their client verbally. The process of release may be accompanied by the expression of associated emotions, such as anger or sadness. Memories connected with the trauma or injury may also arise or the body itself may spontaneously draw itself into the position it was in when the trauma occurred. This allows the kinetic and emotional energy of the event, which has become inert and held by the tissues, to discharge along the same route that it entered the body. So, when a new client asks me what I think is the cause of this or that problem, my usual reply is "I don't know, but let's see if we can find out". Craniosacral Therapy encourages the body to tell its own story, rather than meeting presenting symptoms with a pre-ordained treatment regime.

Case Study: Chronic Plantar Fascitis.

A young woman, in her late twenties, came to me complaining of painful feet. The pain was so acute in the mornings, some days she had to literally hobble around for the first hour or so and by the evening was exhausted from the constant aching. This condition had begun in her early twenties and been diagnosed as chronic plantar fascitis, an inflammation of the fascia at the soles of the feet. Fascia, a membranous connective tissue, has an especial relationship with the Craniosacral System, as it fans out from the dural membranes to envelop every structure in the body, from the bones, organs and muscles down to the cellular level. In health, fascia retains a high degree of elasticity, allowing the Craniosacral motion to express itself freely from the core to the periphery of the body. Where there is trauma or tension it loses its elasticity, becoming more fibrous and restrictive, inhibiting Craniosacral motion, the mobility of joints and more general physiological functioning, such as nerve conductivity, blood supply, digestive processes, etc. Clinical experience also suggests that fascia plays an important role in emotional holding within the body.

Being a very active and athletic young woman, my client found her condition extremely frustrating. She was equally frustrated by the constant litany of the medical profession that "these things just happen". Not content with this answer and not wanting to wear the orthotic in-soles which had been recommended to her, she came to me.

My immediate impression was that it was a postural problem, with the pelvis being tilted back in such a way that her body weight was distributed mainly down the front of her legs, putting a strain on the tissues at the soles of her feet. This was confirmed by palpation and, after just a few minutes of tuning into the Craniosacral motion at her feet, her whole body began to twist and arch up in her lower back. For the first couple of sessions she expressed a lot of anxiety and resistance to going any deeper into the process. Then, during the third session, there was a strong emotional release, with lots of grief and anger being expressed. After each session, following an initial worsening of the pain, she felt increasing relief from the condition.

This cycle of mounting anxiety, followed by strong expressions of anger and grief, continued over the next few sessions. She needed lots of reassurance to help her integrate these experiences and to tolerate the sense of vulnerability they evoked in her. On two occasions, once between sessions, and once during a session, she experienced olfactory hallucinations in which she became overwhelmed by an all pervading smell of excrement. She became extremely agitated on these occasions. Images and sensations arising from her birth, the isolation of the incubator that she had to endure immediately after her birth and other early childhood experiences emerged and re-emerged. Feelings of abandonment and of having to be strong to cope with this wove in and out of the work we did together. I was left with the impression that she had literally had to stand on her own two feet before being ready to do so and had compensated for this by tightening up in her back to cut off from her feelings of vulnerability.

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We worked together for ten sessions, during which the pain in her feet gradually diminished. During this time her posture became more relaxed and her emotional expressions softer and less defensive. It has been just over a year since her last treatment and, to date, the pain has not returned.

Case Study: Pigeon Chest

Another client, a fifteen year old boy, had begun to develop a 'pigeon chest' over the preceding three or four years and it was slowly worsening. He was seeing an orthopaedic specialist, who suggested it might be worth considering fixing him up with a brace to stop any further development in this direction. When the question of why the pigeon chest had developed in the first place was raised, the old refrain of "these things just happen" was churned out once more.

During our first few sessions, as he began to relax, he would spontaneously start to cough and clear his throat. After a few moments of this, and without really being aware of it, he started to pull his collar up around his throat, drawing his neck down into his shoulders and raising his right shoulder, whilst twisting it anteriorly, as if to protect his throat. This defensive gesture served to exaggerate exactly the shape of his pigeon chest, as it pushed the right side of his sternum forward and medially. When I asked him what he was feeling he told me he felt all choked up and constricted in his throat. This was accompanied by feelings of vulnerability and anxiety. He also told me that he sometimes had dreams in which he could not breathe, in which he was being strangled by someone or drowning. He would awake from these dreams sweating and terrified.

Not wanting to put any ideas in his head, I left it for a couple of sessions before asking him about his birth.

"It was fine." he said, still clutching his collar around his throat, "Oh, I did have the cord wrapped around my neck, so they had to cut me free so I could breathe."

Whatever other factors may have been involved in the development of his pigeon chest, this initial birth trauma was clearly a major influence. The protective reflex that he expressed in therapy had been active in his tissues from that time, directing the shape that his body was taking. Unfortunately, after a few sessions together, he moved to another area, and, as far as I know, did not continue to pursue therapy.

Case Study: Tinnitus

A woman in her late fifties was referred to me by another therapist, who had little success in helping her overcome her tinnitus. From the minute she came in the room she talked incessantly and it took me almost half the session before I could get her to lie down on the couch. As soon as I began tuning in to her Craniosacral System I was drawn to her liver. It was cold and hard like marble. As it began to release the whole of her right side started to soften and open up. Tears began streaming down her face.

"What must you think of me?" she sniffled, between the small sobs that bubbled up from her quivering diaphragm.

I reassured her that it was okay to cry, that I cried myself sometimes when I was having therapy.

Soon she was spilling out all her feelings about her unhappy marriage, in particular berating her husband for not listening to her and for always having to have the last word. She had earlier told me that her tinnitus began the year before whilst on holiday in Greece. She now revealed that she had originally planned to take this holiday on her own to get some more space from her husband. However, her husband had insisted on coming along and dictating to her how they were going to spend their time together during the holiday.

Although she continues to get temporarily relief from therapy and a space in which she feels heard, her tinnitus always returns. No doubt it always will unless she begins to deal with some of the deeper issues that underlie her condition. She bears a great deal of resentment against her husband and keeps coming back to that holiday which he ruined for her, the holiday during which her tinnitus developed. She feels unheard in the relationship and at some deep level her resentment is blocking her off from the outside world she does not want to hear; the world of her husband's voice and her own sense of not being listened to.

She has considered leaving him, but is afraid of being on her own. Perhaps the tinnitus is a small price to pay when compared with the loneliness and isolation that she fears will engulf her if she were to leave. That is for her to decide. The secret of her frustration and resentment were locked up in her tight liver. It was not to be found by shining a torch in her ear and only emerged when the living process of the whole person was approached, rather than the symptom.

Conclusion

In all three cases these clients had been referred to 'experts' in their respective fields, been examined and tested, X-rayed and scanned, only to be told "these things just happen". But life has its own reasoning and, if we listen to it, it will tell its story. If we simply blame it, then, like a scolded child, it clams up on us. With Craniosacral Therapy we can learn to listen to the living process and sometimes, in the telling, a new resolution can occur, one in which true healing takes place. Not all case histories are as clear cut as these, nor do these ones represent the whole story. What comes out in therapy are just threads in a far more profound and complex weave. But the potential to unravel the mystery of who we are and how we have become this way is always there, on many different levels. But the potential is there only as long as we acknowledge that there is a mystery to be unravelled.

About the Author

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Further Information

Professional standards in Craniosacral Therapy are maintained by the Craniosacral Therapy Association of Great Britain, which is affiliated to the British Complementary Medicine Association. For further information or advice on practitioners in your area send a large s.a.e. to The Secretary, Craniosacral Therapy Association, Monomark House, 27, Old Gloucester Street, London, WC1N 3XX or telephone 0181-543 4969. Alternatively you can visit the Association's website at www.craniosacral.co.uk or email info@craniosacral.co.uk